

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048543

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

3184

Primary Registration District No.

1003

Registrar's No.

12544

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **ST. LOUIS MO.**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **ST. LOUIS CITY HOSP. #1**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS (If outside, give location)  
**2663A Gravois Ave.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

4. DATE  
OF  
DEATH

Month

Day

Year

**NELLIE**

**LUESSE**

**12**

**28**

**62**

## 5. SEX

**female**

## 6. COLOR OR RACE

**white**

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

**Oct. 8, 1900**

## 9. AGE (last birthday)

**62 years**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Saleslady**

10b. KIND OF BUSINESS OR INDUSTRY  
**retired**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**U. S. A.**

## 13a. FATHER'S NAME

**James Dolan**

## 13b. MOTHER'S MAIDEN NAME

**Ellen McCarthy**

## 14. NAME OF HUSBAND OR WIFE

**Robert Luesse**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Cecelia Miller - 2663A Gravois Ave.**

## 18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Metastatic Carcinoma of Breast**

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

**170 X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11-20-62** to **12-28-62** and last saw her alive on **12-28-62**

Death occurred at **4:45** a m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Nicholas Kouchoukos, M.D.**

## 22b. ADDRESS

**1515 LAFAYETTE AVE.**

## 22c. DATE SIGNED

**12-28-62**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**Burial**

## 23b. DATE

**Dec. 31, 1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis, Missouri**

## 24. FUNERAL DIRECTOR

ADDRESS

**Gebken Sons - 2630 Gravois Ave.**

## 25. DATE RECD. BY LOCAL REG.

**DEC 29 1962**

## 26. REGISTRAR'S SIGNATURE

**Robert Smith, M.D.**

KOUCHOUKOS  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harry M. Sizemore*

Licensed Embalmer No.

4343

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.